

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
James H. Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000031203

1. Corporation Name

SILLERY INVESTMENT, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
1245 NORTHWEST 51ST TERRACE 1245 NORTHWEST 51ST TERRACE
MIAMI FL 33142 MIAMI FL 33142



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/06/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0909697	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	SILLERY, FRANTZY	1245 NORTHWEST 51ST TERRACE	MIAMI FL 33142

300003493003--9
-12/11/00--01024--004
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frantzy Sillery
(President)

11/16/00
Date

305-756-7136
Daytime Phone #

10/23/2000

FIEN: 65-0909697

SILLERY INVESTMENT INC
1245 NW 51 TER
MIAMI, FL 33142

TO: FL. DEPARTMENT OF CORPORATIONS

I spoke to someone from the department, I told them I never receive a first or a second notice. She told me to just send this letter and the \$150.00.

Thank you,

Brenton Sillery

305-956-7136

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